

MISSISSIPPI BOARD OF PHARMACY

8582'K77'Pqt vj , SUITE 622 : 'LCEMSON, MS 39411

601-:;; -88: 2 : Fax 601-:;; -: : 73



INSTRUCTION SHEET AND CHECKLIST FOR

STUDENT INTERN/EXTERN CS REGISTRATION

ENCLOSED IS YOUR APPLICATION FOR REGISTRATION WITH THE BOARD

PLEASE FOLLOW INSTRUCTIONS EXACTLY – FAILURE TO FOLLOW INSTRUCTIONS MAY LENGTHEN THE PROCESSING TIME OR RESULT IN RETURN OF THE PACKET TO YOU. **Before the application packet is mailed, check the following items to make sure your packet is complete!!**

- ☐ Complete the application for registration and have it notarized. Attach a passport quality photograph (Page 1)
- ☐ Complete the affidavit questionnaire and have it notarized (Page 2)
- ☐ Letter from your school stating that you are enrolled.
- ☐ Place the completed application and affidavit questionnaire (Pages 1 and 2) AND appropriate **NON-REFUNDABLE** fees (\$50 registration fee and \$40 background check fee - money orders or business checks only. NO personal checks) in an enclosed postage paid envelope -**not provided (In April 2011, postage was \$1.25 for the completed packet)** and take it with you (along with page 3) to be fingerprinted.
- ☐ You must be fingerprinted on a white and blue **FD-258 card** by an agency of your choice (local police, sheriff, department of public safety, human resource dept., etc.). These agencies should use this card. If they do not have the **FD-258**, contact the Board and we will send one to you to take to the agency. You are responsible for any fees associated with the fingerprinting. **The verification form (Page 3) must be completed by the person taking the fingerprints.**
- ☐ Ask the person who took the fingerprints to place the completed fingerprint card and verification form (Page 3) in the postage paid envelope you provide along with completed Pages 1 and 2 and fees. Have them seal the envelope and drop it in the mail to our office. **THE COMPLETED FINGERPRINT CARD SHOULD NOT BE RETURNED TO YOU.**

IMPORTANT: If you have **EVER** been arrested, you **MUST** answer **YES** on the questionnaire and include an explanation. Falsification of your application for registration (including partial falsification and/or giving information that is misleading) constitutes grounds for **IMMEDIATE DENIAL** of your application to obtain a license/registration with the Board of Pharmacy. Background checks are Nationwide and consistently reveal information not contained on a local background check

Address

8582 K77"P qtvj
Suite 622
Icemon, MS 39411
Office: 601-: ; ; -88: 2
Fax: 601-: ; ; -: : 73

MISSISSIPPI

BOARD OF PHARMACY



APPLICATION FOR STUDENT EXTERN/INTERN CONTROLLED SUBSTANCE REGISTRATION

VALID THROUGH SIX MONTHS POST GRADUATION

FEE: \$50.00

PLEASE TYPE OR PRINT LEGIBLY

Name: _____

SSN: _____

Mailing Address: _____

City, State, Zip: _____

County: _____ Telephone: _____

ONLY passport size and quality photo required here for identification purposes,

The application will be returned without the proper type photo supplied.

College or School of Pharmacy where you are currently enrolled

Dean of the School

Telephone number

Address of School

Date admitted to B. S. Pharmacy or Pharm D Degree Program: _____

Anticipated Date of Graduation: _____

Application for and acceptance of the pharmacy extern/intern registration by me assumes knowledge of and compliance with ARTICLE XXXIV PHARMACY EXTERN/INTERN REGISTRATION of the MISSISSIPPI PHARMACY PRACTICE REGULATIONS of the MISSISSIPPI BOARD OF PHARMACY

Signature: _____ Date: _____

Name Printed or Typed: _____

OFFICE USE ONLY

Registration Number: _____

File Number: _____

Date Issued

Receipt Number: _____

MISSISSIPPI BOARD OF PHARMACY

6360 I-55 North , Suite 400, Jackson, MS 39211

Affidavit Questionnaire

This form, completed and signed, will be maintained in your permanent file in the office of the Mississippi Board of Pharmacy. **Any omissions, or answers / explanations later found to be false or deceptive, could result in the Board denying issuance of or taking action against your license/registration in the State of Mississippi.**

Last Name: _____ First Name: _____ MI: _____

Date of Birth: _____ SSN#: _____ Nickname: _____

Answer yes or no to the following questions. **Any question answered Yes must have a full and complete explanation attached (typed or computer printed).**

1. Have you ever held a license/registration in any other profession? _____ Yes _____ No
2. Was that license/registration ever surrendered, resigned, canceled, or denied reissuance? _____ Yes _____ No
3. Have you ever been licensed/registered under any other name by any Board or licensing authority? _____ Yes _____ No
4. Has action of any type ever been taken against any license/registration? _____ Yes _____ No
5. Have you ever failed to pass any state board or national board examination? _____ Yes _____ No
6. Have you **ever** been arrested? _____ Yes _____ No
7. What were the results of that arrest(s)? Explain on attached page as required above.
8. Do you have any felony or misdemeanor charges pending against you? _____ Yes _____ No
9. Have you ever been convicted of a felony or misdemeanor? _____ Yes _____ No
10. Have you ever used controlled substances or prescription drugs recreationally or without a valid prescription? _____ Yes _____ No
11. Have you ever received inpatient or outpatient treatment for alcohol or drug abuse? _____ Yes _____ No

ANY OMISSIONS, FALSE AND/OR MISLEADING ANSWERS, OR FALSE AND/OR MISLEADING EXPLANATIONS, MAY RESULT IN DENYING ISSUANCE OF, OR TAKING ACTION AGAINST, YOUR LICENSE/REGISTRATION IN THE STATE OF MISSISSIPPI.

AFFIDAVIT OF APPLICANT

I, the above-named applicant, state, under oath, that I am the person referred to in this questionnaire and that all the statements herein contained are each and all strictly true in every respect. I understand that false or forged statements made in connection with this questionnaire may be grounds for the Mississippi Board of Pharmacy to refuse to issue or renew, suspend, restrict, revoke or take other disciplinary action against my license/registration in the State of Mississippi. I understand that if I am issued a license/registration, failure to comply with the laws or regulations governing the practice of pharmacy of this state, or any other state, will be cause for disciplinary action by the Mississippi Board of Pharmacy.

Further, that I give my consent for the release to the Mississippi Board of Pharmacy of any and all records or any other information which may relate to the above questions or my practice from any source or jurisdiction.

Applicant's Signature

Date

Applicant's Printed Name

Sworn to before me and subscribed in my presence this _____ day of _____, 20____

(Seal)

Notary Public

My Commission Expires _____

MISSISSIPPI BOARD OF PHARMACY

6360 I-55 NORTH, SUITE 400 : JACKSON, MS 39211

601-899-8880 : Fax 601-899-8851



PER FBI REQUEST, DO NOT RETURN COMPLETED FINGERPRINT CARD TO APPLICANT

FINGERPRINT VERIFICATION **MUST BE COMPLETED BY PERSON TAKING FINGERPRINTS**

The enclosed fingerprint card contains the prints of the following individual:

(Applicant Name)

and were taken by:

Official's Name Printed: _____

Signed: _____

Title: _____

Agency: _____

Telephone Number: _____

Date: _____

Individual fingerprinted was identified by:

_____ Driver's License Photo

_____ Other Photo Identification (list type) _____

_____ Person is known personally to me

THE PERSON TAKING THE PRINTS SHOULD PLACE THIS VERIFICATION FORM AND FINGERPRINT CARD, ALONG WITH THE COMPLETED APPLICATION, IN A POSTAGE PAID ENVELOPE (supplied by applicant) AND RETURN IT TO THE MISSISSIPPI BOARD OF PHARMACY.

EMPLOYER'S AFFIDAVIT

STATE OF MISSISSIPPI

COUNTY OF _____

I _____ HEREBY CERTIFY that I am a pharmacist in good standing in the State of Mississippi, that I hold license number _____ and that _____ was under my direct and immediate supervision compounding drugs and filling prescriptions of medical practitioners from _____ to _____ in an establishment known as _____, located at _____.

I FURTHER CERTIFY that _____ is duly registered with the Mississippi State Board of Pharmacy as an Intern/Extern and holds registration number CS-S _____.

I FURTHER CERTIFY that in my opinion _____ made satisfactory progress toward proficiency as a pharmacist.

I FURTHER CERTIFY that I understand that no more than 40 hours per week of practical experience shall be accredited during any work period and that _____ worked a total of _____ hours for the period indicated above.

Employer's Signature

Subscribed and sworn to before me on this _____ day of _____ A.D.,
201_.

SEAL

NOTARY

My Commission Expires

NOTE: A Separate Affidavit is required for each work period.

ARTICLE XXXIV PHARMACY EXTERN/INTERN REGISTRATION

1. Every person enrolled in the professional curriculum of a school of pharmacy and pursuing either a Bachelor of Science in pharmacy degree or a Doctor of Pharmacy degree must obtain an extern/intern registration from the Mississippi Board of Pharmacy prior to enrolling and participating in externship or clerkship rotations or obtaining practical experience in a pharmacy permitted by the Board. The Pharmacy extern/intern shall in no manner falsely assume, directly or by inference, to be a Pharmacist. To obtain an extern/intern registration, the applicant shall:
 - A. Have submitted a written application on a form prescribed by the Board;
 - B. Be of good moral character as evidenced by having undergone and successfully passed a criminal background check conducted by the Board;
 - C. Show proof to the Board the applicant is enrolled in a school of pharmacy approved by the Board;
 - D. Have paid fees as specified by the Board.
2. A pharmacy extern/intern registration which has been issued by the Board shall expire when:
 - A. The extern/intern is expelled, suspended, withdraws or is dismissed from a school of pharmacy;
 - B. The extern/intern fails to become licensed as a registered pharmacist within six (6) months of graduation from a school of pharmacy;
 - C. Upon the expiration of a pharmacy extern/intern registration, the registrant may petition the Board for re-registration.

All pharmacy interns/externs shall notify the Board immediately upon change of employment and residence address.

When a Pharmacy Intern desires to obtain credit for training received in a state other than this State, he/she shall abide by all the provisions of the internship rules in that state, and shall provide evidence from that state's Board of Pharmacy of the number of clock hours of experience actually participated in by the Pharmacy Intern.

3. The Board may refuse to issue or renew or may suspend, revoke or restrict the registration of any extern/intern upon one or more of the following grounds:
 - A. Unprofessional conduct as defined in ARTICLE V, paragraph G., Pharmacy Practice Regulations of the Mississippi Board of Pharmacy;
 - B. Violation of any regulation(s) of the Board;
 - C. Violation of any provisions of the Mississippi Pharmacy Practice Act or the Mississippi Uniform Controlled Substances Act;
 - D. Violation of pharmacy or drug laws of this state or any other state or rules and regulations pertaining thereto;
 - E. Fraud or intentional misrepresentation by a extern/intern in securing the issuance of a pharmacy extern/intern registration or failing to report to the Board any adverse action taken by another licensing jurisdiction, government

- agency, law enforcement agency, or court that would constitute grounds for action;
- F. Addiction to or dependence on alcohol, controlled substances or other habit forming legend drugs or the unauthorized use, possession, or theft of controlled substances or other habit forming legend drugs;
 - G. Physical or mental incapacity that prevents the intern/extern from practicing pharmacy with reasonable skill and safety to the public.
 - H. Divulging or revealing patient confidential or protected health information to any person other than as authorized by Board regulations.
 - I. Failure to comply with any lawful order of the Board;
 - J. Obtaining practical experience in a pharmacy permitted by the Board without the direct supervision and presence of a pharmacist licensed by the Board;
 - K. Failure to notify the Board of expulsion, suspension, dismissal or withdrawal from a school of pharmacy;
 - L. Violation of any university, college or school of pharmacy policies, rules or regulations thereof.
 - M. Failure to report directly to the Board, losses or suspected losses of controlled substances or prescription drugs.
 - N. Theft from a permitted facility.
 - O. Theft or embezzlement of prescription drugs, controlled substances or medical devices from a permitted facility.
 - P. Jeopardizing, compromising, interfering or failing to cooperate with any lawful investigation conducted by the Board or any state or federal regulatory or law enforcement agency.
 - Q. Destruction, removal or tampering with any prescription drug, controlled substance, or medical device placed under seal, embargoed, or quarantined by the Board or any representative of the Board.
 - R. Knowing or suspecting that a Pharmacist or Pharmacy Intern is incapable of engaging in the Practice of Pharmacy or that a Pharmacy Technician is incapable of assisting in the Practice of Pharmacy, with reasonable skill, competence, and safety to the public, is diverting or abusing controlled substances or prescription drugs and failing to report any relevant information to the Board of Pharmacy.
 - S. Failing to pay costs assessed in a disciplinary hearing.
 - T. The unlawful disclosure of information from the Prescription Monitoring Program.
 - U. Using information obtained from the Prescription Monitoring Program for unlawful or unethical purposes.
4. For purposes of this ARTICLE "obtaining practical experience" shall include, but not be limited to the compounding, dispensing and labeling of drugs, interpreting and evaluating prescriptions, maintaining prescription records and any other activity included in the practice of pharmacy under the direct supervision of a pharmacist.